



Job Shadow Application



Last Name		First		Middle Initial
Street Address		City	State	Zip
Grade	Age	Student ID #	Date of Application	
<p>List two occupations you would be interested in job shadowing:</p> <p>1st Choice: _____ 2nd Choice _____</p>				
<p>List your preference for your job shadow location: _____</p> <p>Person to contact: _____ Phone: _____</p> <p>Have you job shadowed at this business before? (Circle one) Yes No</p> <p>If yes, when did you have this job shadowing experience?</p>				
<p>Do you have a preference of when would you like to go to the job site?</p> <p>Month: _____ Day of the week: _____ Time of day: _____</p>				
<p>Do you currently have a job or have you been employed in the past? (Circle one) Yes No</p> <p>If yes, please list a brief description of the work you have done:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>Please list any school or extra-curricular activities you are or have been involved in:</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>List any volunteer or work activities that will assist you in attaining your career goal:</p> <p>_____</p> <p>_____</p>				

Please explain how this job shadowing experience will benefit you: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
Do you have any special concerns or requests? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<p><i>Your job shadow will be arranged for a time that is convenience for the person you will be shadowing and be during normal business hours. Signing this application in the space provided below indicates that you fully understand the following statements.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> I understand that Minot Public Schools assumes no responsibility for health, accident, or transportation insurance while job shadowing. <input type="checkbox"/> I agree to provide or arrange transportation to and from the job site. <input type="checkbox"/> I promise to abide by all business policies and all school policies included in the student handbook while on my job shadow. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature of Applicant</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date</div> </div>	
<p>Parent or Guardian must support and grant permission for their son/daughter to participate in the Minot Public Schools Job Shadow Program.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature of Parent or Guardian</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date</div> </div> <p style="text-align: center; margin-top: 10px;">Please return this application to your school counselor, instructor, or career counselor. <i>You will be notified when the job shadow has been arranged.</i></p>	

Job Shadow Placement

This Section For Office Use Only

Business		Phone #	
Contact Person's Name	Date of Shadow	Time	
Comments:			